

Personal Support Plan

Name:	Effective Date of Plan:
-------	-------------------------

Environmental Modifications/Adaptive Equipment must meet the following criteria

***An environmental modification or adaptive equipment provided to a person must be prior authorized by the DDP Regional Manager if the cost of the project may exceed \$4,000.**

Environmental Modifications:

Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization.


Adaptive Equipment:

Adaptive equipment necessary to obtain and retain employment or to increase independent functioning in completing activities of daily living when such equipment is not available through other sources may be provided

(If marked **Yes** to all questions then proceed)

Yes	No	Please mark yes or no to the following questions.
		The environmental modification or adaptive equipment is primarily useful for a person who has a disability.
		The modification or equipment is not something that a family would normally be expected to provide for a non-disabled family member
		The modification or equipment is not in the form of room and board or general maintenance
		The modification or equipment meets the specifications, if applicable, set by the American National Standards Institute (ANSI).

Explain what the modification or equipment is and how it is related to the individual's disability and how it meets the above criteria if applicable.



Provide **documentation** of the cost of the item/items, and provide a **prescription** or **letter** from the professional recommending these purchase/purchases. Also provide documentation of Medicaid denial. **(These items need to be attached to the PSP document and need to be present before purchase of the service requested.) All receipts and/or packing slips need to accompany the purchase.**

Personal Support Plan

Name:	Effective Date of Plan:
-------	-------------------------

Regional Manager Approval over \$4,000:	<input type="checkbox"/> yes <input type="checkbox"/> no	Name of Regional Manager:		Date:	
---	--	---------------------------	--	-------	--

If Regional Manager is declining request explain why:

<i>Section VIII. Outcomes</i>		
<i>Vision Statement:</i>		
<i>Outcome:</i> Written to answer this question,: " <i>What do I want to do this year?</i> "		
<i>Assessment tool/s used:</i>		
<i>Actions (Approach):</i> How do I get there? How will this be accomplished? Include name of provider agency and title of responsible person.	<i>Start Date/Completion Date</i>	<i>Status/Progress</i>